



**EDUCATION:**

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HIGH SCHOOL	NO. YEARS ATTENDED	YEAR GRADUATED	DEGREE
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ADDRESS

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BUSINESS SCHOOL	NO. YEARS ATTENDED	YEAR GRADUATED	DEGREE
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ADDRESS

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COLLEGE	NO. YEARS ATTENDED	YEAR GRADUATED	DEGREE
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ADDRESS

**EMPLOYMENT RECORD:**

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS.  
INCLUDE SELF-EMPLOYMENT, SUMMER, & PART-TIME JOBS.

1. 

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COMPANY NAME	ADDRESS	TELEPHONE NO.
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DATE EMPLOYED	POSITION	LAST OR PRESENT SALARY
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DATE EMPLOYMENT ENDED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

CONTACT PERSON AT COMPANY: \_\_\_\_\_

2. 

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COMPANY NAME	ADDRESS	TELEPHONE NO.
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DATE EMPLOYED	POSITION	LAST OR PRESENT SALARY
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DATE EMPLOYMENT ENDED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

CONTACT PERSON AT COMPANY: \_\_\_\_\_

3. 

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COMPANY NAME	ADDRESS	TELEPHONE NO.
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DATE EMPLOYED	POSITION	LAST OR PRESENT SALARY
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DATE EMPLOYMENT ENDED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

CONTACT PERSON AT COMPANY: \_\_\_\_\_

4. IF PRESENTLY EMPLOYED, WHY DO YOU DESIRE TO CHANGE YOUR POSITION?

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MAY WE CONTACT YOUR PRESENT EMPLOYER? YES   x   NO \_\_\_\_\_

**APPLICANT INFORMATION (PRINT ALL INFORMATION EXCEPT SIGNATURE)**

NAME: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED:

YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A  
FELONY?

DATE OF BIRTH \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

BY THIS SIGNATURE, I AUTHORIZE THE RELEASE OF MY ARREST RECORD, IF ANY, & WAIVE SUCH LEGAL RIGHTS THAT MAY EXIST & DO RELEASE ANY & ALL PERSONS FROM LIABILITY IN CONNECTION WITH THE FURNISHING OF SUCH INFORMATION.

**APPLICANT INFORMATION CONTINUED**

**THIS SECTION IS TO BE COMPLETED BY A LAW ENFORCEMENT AGENT:**

ARREST INFORMATION, IF ANY.

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT:** THE SHERIFF'S OFFICE CANNOT MAKE AN ACCURATE IDENTIFICATION BASED UPON NAME & DATE OF BIRTH ONLY. ANY INFORMATION CONTAINED ON ANY NAME CHECK IS SUBJECT TO VERIFICATION BETWEEN THE REQUESTING PARTY & HIS EMPLOYEE. THE ST. JOHN PARISH SHERIFF'S OFFICE ASSUMES NO RESPONSIBILITY THEREFORE FOR ANY ACTION RESULTING FROM THE INFORMATION FURNISHED.

\_\_\_\_\_  
SIGNATURE OF DEPUTY  
VERIFYING INFORMATION

**LIST PROFESSIONAL, TRADE BUSINESS OR CIVIC ACTIVITIES & OFFICES HELD.**

YOU MAY EXCLUDE MEMBERSHIP, WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECTED STATUS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

LIST THREE PERSONAL REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU FOR THE PAST FIVE OR MORE YEARS.

NAME	ADDRESS	OCCUPATION	TELEPHONE No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE READ THE FOLLOWING BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK SOMEONE BEFORE SIGNING.

IN THE EVENT OF MY EMPLOYMENT TO A POSITION AT THE CLERK OF COURT'S OFFICE, I AGREE TO COMPLY WITH ALL RULES & REGULATIONS AS SET FORTH IN THE CLERK'S POLICY MANUAL OR OTHER DIRECTIVE DISTRIBUTED TO ALL EMPLOYEES.

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE & THAT I HAVE WITHHELD NOTHING THAT WOULD, IF DISCLOSED AFFECT THIS APPLICATION UNFAVORABLY. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.

IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT & PERSONAL HISTORY I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE & SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

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SIGNATURE OF APPLICANT

DATE